

Yonda M. Wallace
Paralegal Specialist

16-
ART 34

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Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)	091508322			
CLAIMS										
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
2							52			
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43							93			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1						TOTAL IND.			
TOTAL DEP.	6						TOTAL DEP.			
TOTAL CLAIMS	7						TOTAL CLAIMS			